



## การดำเนินสมรรถนะตามการรับรู้ของพยาบาลปฏิบัติการในอินโดนีเซีย

Fitri Arofati PhD\* ชนิษฐา นันทบุตร PhD\*\*

\*วิทยานิพนธ์ปริญญาดุษฎีบัณฑิต หลักสูตรนานาชาติ บัณฑิตวิทยาลัย มหาวิทยาลัยขอนแก่น \*\*นักศึกษาปรัชญาดุษฎีบัณฑิต คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น \*\*\*รองศาสตราจารย์ประจำสาขาวิชาการพยาบาลครอบครัว คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น

### บทคัดย่อ

ศักยภาพของผู้ปฏิบัติงานพยาบาลต้องมีสมรรถนะในการผลงานความรู้ ทักษะและทัศนคติเพื่อดำรงบทบาทของตนเอง สมรรถนะเป็นกลไกที่จะสร้างความต่อเนื่องของการเปลี่ยนแปลง การเปลี่ยนแปลงได้รับอิทธิพลมาจากการหลักปัจจัย รวมทั้ง ปัจจัยด้านเพศ พยาบาลวิชาชีพโดยส่วนใหญ่ที่ปฏิบัติงานเป็นเพศหญิง จำเป็นต้องทำงานตามวิถีแห่งวิชาชีพ รวมทั้งมีความรับผิดชอบในการดำรงและการพัฒนาสมรรถนะของพยาบาลผ่านโปรแกรมต่าง ๆ ในแต่ละระยะ อย่างไรก็ตาม การดำรงสมรรถนะไม่ใช่เรื่องง่ายสำหรับพยาบาลหญิง เนื่องจากวัฒนธรรมแบบผู้ชายเป็นใหญ่ (Cultural patriarchy) ที่รับมาในอินโดนีเซีย มีการสำรวจการรับรู้การดำรงสมรรถนะของพยาบาลเพศหญิงในอินโดนีเซีย พนักงานการเพิ่มสมรรถนะส่วนบุคคลของพยาบาลปฏิบัติการในที่สุดแล้วนั้นเป็นการเพิ่มขีดความสามารถของการดูแลผู้ป่วยของพยาบาลในอินโดนีเซียซึ่งควรได้รับการศึกษาอีกนัยหนึ่ง

การวิจัยเชิงคุณภาพนี้ใช้แบบสัมภาษณ์กับผู้ที่มีความเชี่ยวชาญทางการสนับสนุน 2 กลุ่ม ๆ ละ 10 คน และการสัมภาษณ์เชิงลึกกับผู้ที่มีความเชี่ยวชาญทางการพยาบาล 20 คน เก็บข้อมูลจากเดือนกรกฎาคม-ธันวาคม พ.ศ.2558 ใช้การถอดเทปคำสัมภาษณ์วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เชิงเนื้อหา ข้อมูลถูกจัดหมวดหมู่เป็น 3 ประเด็นหลัก ได้แก่ 1) การประกอบอาชีพและการแสดงบทบาทแม่ 2) การดำรงไว้ซึ่งการยอมรับในสังคมเชิงลึก 3) การเลือกโปรแกรมชีวิตในอนาคต กับบทบาทครอบครัว ผลการศึกษาไม่เพียงแต่ช่วยให้พยาบาลผู้หญิงเข้าใจถึงความจำเป็นของการดำรงสมรรถนะอย่างต่อเนื่อง แต่ยังให้ข้อมูลสำหรับผู้บริหารของโรงพยาบาลในการส่งเสริมให้มีโปรแกรมเพื่อดำรงสมรรถนะส่วนบุคคลของพยาบาลผู้หญิงอย่างต่อเนื่องในอนาคต

คำสำคัญ: การดำรงไว้ซึ่งสมรรถนะส่วนบุคคล พยาบาลปฏิบัติการ

## Perceptions' of Female Nurses in Indonesia on Factors Contributing to Continue their Competence

Fitri Arofati PhD\* Khanitta Nuntaboot PhD\*\*

\* Master of Nursing Program Universitas Muhammadiyah Yogyakarta, Yogyakarta, Indonesia; PhD student Khon Kaen University, Khon Kaen, Thailand  
\*\* Faculty of Nursing Khon Kaen University, Khon Kaen, Thailand

### Abstract

Competence can be recognized as the ability to give an excellent services and meet the need of care based on their competencies, which are the combination of their knowledge, skills, and attitude that can not static attributes. The change is influenced by many factors, including the gender factor. The nursing profession itself is mostly done by female nurses. They are required to work in a professional manner, including to maintain and improve their competency periodically through continuing competence program. However, it is not easy to woman nurses because of cultural patriarchy which refers to the predominate role of males in social pattern adopted in Indonesia.

This study aims to explore the factors contributing to continuing competence perceptions' of woman nurses in Indonesia. A descriptive qualitative approach was conducted to explore a deep understanding related with the factors contributing to continuing competence perception's of female nurses. The data for which were gathered from 20 female nurses from different areas of practice in one hospital in west Java, Indonesia. The measurements included 20 in-depth interviews, two focused group discussions (10 people /group) and participant-observation. Data were analyzed using qualitative content analysis.

There were three themes emerged as follows: 1) Professional Career vs mothers' role with two subthemes: professional career and mothers' role; 2) In-depth recognition by society vs womans' feeling, comprised three



subthemes: as requirement, Improving confidence, and being recognized by society; and 3) selecting prospective program vs family's roles, derived into two subthemes: based on the need of department and the right person on the right time.

The findings of the study provided factors related with the decision of joining continuing competence programs to improve their professional competenc and gave information for managers of hospital to have more internal continuing competence programs for woman nurses.

**Keywords:** Continuing competence, female nurses, qualitative study

## Introduction

The high demand of health services and complex health care systems in Indonesia encourage nurses to update their competence. A nurse's performance is a key contributing factor to the quality of patients health care. Changes in the health care system as well as changes in the nursing workforce have created a context in which nurses must continually adapt to better serve their patients. Garside & Nhémachena<sup>1</sup> stated that scientific advancements which ensure responsible, safe and accountable care must be integrated into nursing practice, creating new competencies with which nurses must become familiar. Another factor is that because nurses develop a wide variety of competencies after their initial licensure, at a variety of levels, including advanced practice, the criteria and standard for continuing competency are more varied and more complex than those are at the entry licensure level. Because of this, continuing competency in Indonesia is essential for the responsibility of the individual nurse. However, some nurses develop high levels of competence in specific areas of nursing practice as a result of work experience and specialization at the expense of staying current in other areas of practice. Therefore, it is great important that nurses share their specific competencies with one another, ensuring more knowledgeable and well around workforce. Patriarchy culture plays significant role in the process of continuing competence for practicing nurses. Woman nurses should ask permission from their husband to joint any activities, which are needed to stay away from family for more than one day. Since all female nurses are Muslim and bring the concept of Islam to practice, they have to follow a final decision from her husband that are not always give permission.

To this end, maintaining nursing competency is significantly needed in order to improve overall quality of care. As nursing competence is contributes to safe patient care, it is therefore a significant focus of

regulatory boards. According to Huston<sup>2</sup>, passing a license exam does not assure competence throughout a career. For example, a practicing nurses who work in the hospital setting found difficulty up-dating their existing capacity due to the fact that Continuing Competence Programs (CCP) were unaccessible to them. This is especially true for nurses in rural settings and small towns who must travel great distances to the urban settings where most of these programs are administered. This physical obstacle to CCP is componed by a financial obstacle as well. Nurses must pay for program fees, transportation and accomodation in order to participate. It become more complex for woman nurses owing to their role as wife and mother who share their salary with husband.

Since the announcement of the Indonesia nursing Acts on September 2014, the Indonesia Nurses Association (INA) in collaboration with the Association of Indonesia Nursing Education (AINEC) tried to implement a draft for the career development of practicing nurses<sup>3</sup>, this proposal would exist in addition to the already existed national examination of competence which all new nurses must pass upon graduation. Building upon these nursing acts, Indonesia acknowledges two levels of nursing education based on Pusdiknakes<sup>4</sup>, a vocasional degree for nurses who have a Diploma in Nursing (3 years program) and a professional degree for those who graduated from a Bachelor in Nursing (5 years program). However, there is no mandate to continue their competence because the process of renewing the license is current without any examinations. Furthermore, competency is determined by the duration of experience as well as their interaction with patients and the surrounding community (Indonesia Qualification Framework/IQF). When practicing, nurses must renew their license every five years with their 25 credits hours of CCP. However, this is not always significantly related with their present level of competency needed. Competency is much more complicated than



a certificate of training can account for. This process of becoming competence involves nurses' thoughts, knowledge, attitudes and an up-to-date understanding of current nursing competencies.

## Research Methodology

**Design:** This research was descriptive qualitative study and the data were gathered from participant observation, in-depth interviews and focus group discussions by Creswell<sup>5</sup>, Lambert, Lambert<sup>6</sup>. This was appropriate to help researcher in understanding more about individual perspective and experiences within their particular contexts.<sup>7</sup>

**Participants:** A purposive sampling was used to select 20 woman nurses who were working in the hospital, willing to participate, graduated from diploma in nursing or bachelor in nursing, had minimal 2 year experience in either an Outpatient Department (OPD), Intensive Care Unit (ICU), Emergency department (ER), Operating room (OR), Hemodialysis center (HD), paediatric ward, maternity ward, and adult ward.

**Ethical Considerations:** The ethical approval to conduct this study was obtained from the Research Ethics Review Committee, Khon Kaen University, and the director of Lamongan Muhammadiyah Hospital, which was the study setting. Participants were free to withdraw their information anytime and that their inclusion in the study was purely voluntary. Informed consent was obtained from each participants before audio-taping interviews and focus group discussion. Also, participants were asked to select their own pseudonyms for de-identification throughout the written transcripts. It is important for participant to have confidentiality throughout the process of research. There was no harm for their health and life from participating and withdrawing from this study.

**Procedure:** After receiving institutional approval for study, the researcher contacted the prospective participant (nurse manager), explained the purpose of the study and made an appointment for participant observation, in-depth interviews, and focus group discussion. Participant observation was done along the process of data gathering to all of participants in understanding their direct experiences to manage nursing services and competencies as well as building trust between researcher and participants.<sup>8</sup> The nurse manager then contacted practicing nurses for in-depth

interview and focus group discussion after they had consented.

**Data Collection:** This process started from reviewing documentations; in-depth interview with 20 female nurses; conducting two focus group discussions (FGDs) with one group of participants who were working in nursing practice areas and one group of participants who were working as a nurse manager in the ward or unit; and participant-observation had been done until data saturation. These methods were chosen to get solid information from each or group information to confirm or compare for similarities and differences and the interactions among participants gave different ideas so that multiple trust and realities were gained as well as to reach a deep, wide insight and understanding about updating capability to provide care. Open-ended question from interview guidelines were developed along the process of data collection. Guideline questions included: "What viewpoints of continuing competence did you recognize from previous experiences of working?" and "How to conduct continuing competence from your experience?" The interviews were conducted with supplementary inquiries that explored participants' responses regarding the recognition development of nursing. Field notes were written for every interview to capture relevant contextual information, including nonverbal communication. Audio tape-recordings and photography documentations were taken during the interviews to support and increase the accuracy of field notes. The interview processes were conducted in the private areas of their working room with 45-60 minutes in length of time. This processes were repeated 2-3 times until it met saturated data. After every interview, the data were analysed and the direction for the subsequent interviews was outline in order to improve more detail information in particular issues.

**Rigor and trustworthiness:** As consider with triangulation data this study was also addressed credibility by using multiple methods for gathering data to compare a variety of data sources to meet the accuracy of study findings such as from the patients.<sup>9-11</sup> To validate these findings, peer debriefing was also undertaken between researchers to reduce bias and to guarantee confirmability.

**Data Analysis:** Data analysis was done as soon as data collection was taken through transcribing verbatim and then was analyzed using content



analysis.<sup>12</sup> Categories and coding were developed from the raw data inductively as well as analyzed simultaneously in order to test data saturation. Trustworthiness of the coding scheme on a sample of text was done by testing the clarity and consistency of category definition. The data were interrelated and needed to be explained in the whole context in term of process after read and re-read. This single level of thematizing were also supported by a multiple levels of thematizing, which were figured in mind mapping diagram. This process was used to make easily understanding to find some critical theme. The themes and sub-themes were expressed in phrases that they could link and explain categories together, and had their relevance to continuing competence. Conclusions were drawn from the coded data by making inferences and constructions of meanings were then derived from the data. Findings were written in a descriptive format.

## Result and Discussion

There were three key emerging themes to be identified, are the following: theme 1: "career vs mothers' role"; theme 2: "in-depth recognition by society vs womans' feeling"; and theme 3: "selecting prospective program". In these, there were implied a significant way of thinking from participants which are internal and external encouragement to maintain and improve their competences.

### 1.1 "Professional Career vs mother role"

Every practicing nurse had the same opportunities to improve their competences through hospital's programs including in-house trainings and ex-house trainings. Both programs were supported by the policy makers of the hospital including financial and work endorsement.

This activity should be followed by all nurses, including female nurses, to improve the quality of nursing care in hospital. Based on in-depth interview, the participants stated that there were two important roles for female nurses, namely: "professional career" and "mother role". This two roles have to be performed by female nurses and provide choice in determining career development including following the programs of activities organized by the hospital either in-house training or ex-house training.

"For me, to be a nurse has an option in my career, and all of this, I did after getting permission from my

husband as a leader in our family. Whatever activities provided by the hospital, especially ex-house training and takes a few days ...hmmm...I have to ask permission from my husband as a leader in my family. If he allowed me, then I would go ... and vice versa if it was not allowed, I would not go. However, my husband usually gave me permission, just make sure that it did not interfere with my role as a mother "

"When I started working as a professional nurse, I've been discussing with my husband related with my work, including career development process so that my husband can understand if I should be leaving the family in a long time in order to improve the quality of hospital services. Nevertheless, my main role as a mother nor do I ignore ... so essentially hmmm..mainly was about time management and the two roles"

As an Islamic hospital, they applied the principles of life based on Islamic values of the Qur'an and Hadith. In terms of career development for nurses, the principle used was Al Quran surah.

"Men are in charge of women by [right of] what Allah has given one over the other and what they spend [for maintenance] from their wealth. So righteous women are devoutly obedient, guarding in [the husband's] absence what Allah would have them guard. But those [wives] from whom you fear arrogance - [first] advise them; [then if they persist], forsake them in bed; and [finally], strike them. But if they obey you [once more], seek no means against them. Indeed, Allah is ever exalted and grand"

In this surah, Allah (the God) mentions that man is the leader for woman because of their capacity and roles in the family. In Islamic way, wife have to follow the final decision from husband because of the belief about sin. If they did not follow their husband, Allah will give punishment in the world or in here after. Related with continuing competence, all of woman nurses will ask permission to their husband before joint CC programs, especially if the programs were away and have to stay for several days.

"There has certainly been for you in the Messenger of Allah an excellent pattern for anyone whose hope is in Allah and the Last Day and [who] remembers Allah often"

Based on this surah, all of moesleem considered that Muhammad as the last Messenger always give an



excellent pattern for human being in daily living. The pattern was including on how to make decision between husband and wife. With regard to the women's right to seek employment, it should be stated first that Islam regards her role in society as a mother and a wife as the most sacred and essential one. Neither maids nor baby-sitters can possibly take the mothers' place as the educator of an upright, complex free and carefully-reared children. However, there is no decree in Islam which forbids woman from seeking employment whenever there is a necessity for it, especially in positions which fit her nature and in which society needs her most.

Grovanos<sup>13,14</sup> found that one of the barriers in the implementation of continuing competence program was gender. In this hospital, most of nurses were women, who had family as their first consideration based on the Islamic principle in life. Time was also being one of the most noted barriers in this study and this was consistent with previous research.<sup>15-17</sup>

## 1.2 “In-depth recognition by society vs woman's feeling”

Indonesia nursing acts was announced last 2014 and shortly will be implemented, means that nursing as one of health care professional have to be ready in facing the changing of phenomenon related with nursing services especially related with the up-dating competence. On the other hand there were consequence emerge due to the implementation of professional level (Indonesia Qualification Framework/IQF) for practicing nurses including woman nurses.

The rapid development of science and technology in the field of nursing also give a positive impact on people's acceptance of the nursing profession. Recognition of the professionalism of nurses increases visibly when the nurse is able to demonstrate competence either through neither formal nor non-formal professional development.

The programs can be done through training, seminars, workshops that support the ability to provide nursing services. Nursing education as a formal development program in Indonesia have four level program including Diploma in Nursing (AMK), Bachelor in Nursing program (Skep.,Ns), Master of Nursing Science program (M.Kep), and Master of Nursing Science+ Specialist program (M.Kep., Sp..). These achievements clearly explain to the community about nurse position as professional health care provider.

Every nurses have commitment to maintain and develop their competency as declared from indepth interview about the importance of continuing competence are: 'as requirement', 'improving confidence', 'being recognized by society' which involve internal value and motivation to provide best nursing services.

“People now increasingly understand the importance of the role of nurses working in the hospitals. They feel more comfortable if the nurse can provide the care needed by the patient. This is demonstrated by a significant reduction in complaints addressed to the nurse ... whereas before a lot of complaints to the nurse. Thank God I am also happy because has been accepted by the society eventhough sometimes can not follow due to my main responsibility at home.”

“The need of continuing competency program was already a requirement for improvement and career development in the hospital, so inevitably we must follow the program have been planned including woman nurses. I agreed, I felt more confident after joint the training program and because the end result is to improve the quality of nursing services so that patients become satisfied. As a woman and wife, I will choose a short course or non formal education to maintain my competency, eventhough will take more time to met the program needed. It is because I don't want to leave my children for long time and it has been my promised to them”

There were statements of not being able to manage continuing competence through lack of nurse to fill the gap in the workforce; the importance of this programs and program cancellation by the providers due to lack of uptake by other practitioners.<sup>18-19</sup>

“By following the program activities of continuing competence, it may increase our competence. The increasing competence will involve public acceptance of nursing profession. People are increasingly aware the existence of a professional nurses who are able to improve the health status of patients especially woman nurses who have more patient. On the other hand, not all of activities can be followed owing to my status as a mother”

“Divorced women remain in waiting for three periods, and it is not lawful for them to conceal what Allah has created in their wombs if they believe in Allah and the Last Day. And their husbands have more right to take them back in this [period] if they want reconciliation. And due to the wife is similar to what is



expected of them, according to what is reasonable. But the men have a degree over them [in responsibility and authority]. And Allah is Exalted in Might and Wise."

### 1.3 "Selecting prospective program vs family's roles"

Some nursing department in the hospital might have specific competencies which were need to be up-date such as Intensive Care Unit (ICU), Hemodialysis (HD), Emergency Room (ER), Operating Room (OR), Pediatric ward and Maternity unit. Since this was special program, it should be ex-house training program for about 3 months. It was necessary to select the programs offered that should be suitable with the need of department. Importantly, continuing competence program needs to be exist when needed and in a timely manner. Indepth interview participant stated that the prospective program should be: 'based on the need of department' and 'the right person on the right time' which influence the responsibility of practicing nurses to participate.

When describing experiences in relation to formal continuing competence, participants commonly emphasised that relevance of content was a key issue.<sup>20-22</sup> Some participants suggested that nursing has become obsessed with the need to accredit learning and used this to argue the case for more skills-based courses and renewed emphasis on work-based learning

Since CCPs were not regularly available, some practicing nurses prefer to have internship in one of affiliation hospital which has the same service under supervision of senior nurse for 3 to 4 months; the chosen CCP must be organized by Institution that has good reputation which will related with acknowledgement of the certificate

As defined by participant #2 one of woman practicing nurse at HD that: "I worked at general ward before transfer to HD and there were no available training programs that I need, so I choose to have internship in one of affiliation hospital which has the same service under supervision of senior nurse for 4 months because it was not far from home and reachable for my husband to visit anytime"

There was a dearth of places on courses in high demand, especially in specific areas of nursing practice<sup>23-24</sup>

"It was not easy to select the program which was appropriate with the need of my department because sometimes, the contents were not relevant or too general. We need specific competency but lack of programs offered to us especially for in-service programs. In this area, most of nurses are man and the programs offered mostly are out-service, such as community disaster management, field live support which may fit for man. As woman nurse, I can't leave my family for more than 2 days because I have children and responsible to taking care of them eventhough I have mate"

All of participants were concerned about the need of continuing competence due to improve retention, especially of experienced nurses. Based on the study of RCN<sup>25,26</sup> and Pool<sup>23</sup> that it was important to maintain the safety of patients and woman nurses, a means of improving service provision and of promoting career and personal progression. It is also important to consider the concept of Islam related to the position of woman in the family.

### Conclusion

The findings suggest that participants perceive roles of woman in the family being. It is the biggest factor contributing to the decision of joining CCP based on their own experiences of working on nine areas of practice. This study also provides information for the managers of hospital to have more internal continuing competence programs for female nurses.

### Acknowledgment

We would like to thank practicing woman nurses at Muhammadiyah Lamongan Hospital Indonesia for providing all of data needed and Universitas Muhammadiyah Yogyakarta Indonesia for giving chance to support all of the process of this research

### References

1. Garside JR, Nhemachena JZZ. A concept analysis of competence and its transition in nursing, *Nurse Education Today* 33, 541–545, Elsevier Ltd.; 2013.
2. Huston JC. Professional Issues in Nursing Challenges & Opportunities, third edition, Lippincott Williams & Wilkins; 2014.
3. Indonesian Nursing Act.-38 year- 2014. <http://www.observatorisdmk.indonesia.org/wp-content/uploads/2015/01/3. Indonesian-Nursing-Act-No.-38-year-2014.pdf>. Accessed May 2, 2015.



4. Pusdiknakes. Kurikulum D 3 Keperawatan, Jakarta: Pusat Pendidikan Tenaga Kesehatan RI retrieved on January 1, 2015, from <http://www.pdpersi.co.id/Pusdiknakes/data/kbkds.pdf>
5. Creswell JW. Research Design Qualitative Quantitative, and Mix Methods Approaches, 5<sup>th</sup> ed. SAGE Publications Ltd.; 2012.
6. Lambert VA, Lambert CE. Editorial: Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research* 2012; 16(4): 255-256.
7. Boateng W. Evaluating the efficacy of focus group discussion in qualitative social research. *International Journal of Business and Social Science* 2012; 3(7): 54-57.
8. Buchan J, Finlayson B, Gough P. In capital health. King's Fund, London ; 2003.
9. Lincoln YS, Guba EG. Naturalistic inquiry. Newbury Park, CA: SAGE Publications; 1985.
10. Lincoln YS. Emerging criteria for quality in qualitative and interpretive research. *Qualitative Inquiry* 1995; 1:275-89.
11. Patton MQ. Qualitative Research & Evaluation Methods, 3rd ed. Sage Publications, Thousand Oaks, Calif; 2002.
12. Colaizzi P. Psychological research as the phenomenologist views it. In: Valle RS, King M, editors. Existential phenomenological alternatives for psychology. New York: Oxford University Press; 1978. p. 48-71.
13. Govranos M, Newton JM. Exploring ward nurses' perceptions of continuing education in clinical settings, *Nurse Education Today*, Elsevier Ltd 2014; 34(4), 655-660.
14. Govranos M, Newton JM. Exploring ward nurses' perceptions of continuing education in clinical settings, *Nurse Education Today* 2014; 34: 655-660.
15. Henderson A, Briggs J, Schoonbeek S, Paterson K. A framework to develop a clinical learning culture in health facilities: ideas from the literature. *International Nursing Review* 2011; 58 (2), 196-202.
16. Manley K, Titchen A, Hardy S. Work-based learning in the context of contemporary health care education and practice: a concept analysis. *Practice Development in Health Care* 2009; 8 (2): 87-127.
17. Merriam SB, Caffarella RS, Baumgartner, L., Learning in Adulthood: A Comprehensive Guide, 3rd ed. Jossey-Bass, San Francisco; 2007.
18. Gould D, Drey N, Berridge EJ. Nurses' experiences of continuing professional development. *Nurse Education Today* 2007; 27(6), 602-609.
19. Gould DJ, Kelly D, White I, Glen. The impact of commissioning processes on the delivery of continuing professional education for cancer and palliative care. *Nurs. Educ. Today* 2004; 24, 443-451.
20. Gould D, Drey N, Berridge EJ, Nurses' experiences of continuing professional development, *Nurse Education Today* 2007, 27, 602-609.
21. Kementrian Ketenagakerjaan. Peraturan Presiden Nomor 8 tahun 2012, tentang Kerangka Kualifikasi Nasional Indonesia (Indonesia Qualification Framework); 2012.
22. Megginson D & Whitaker, V. Continuing Professional Development, 2nd edn. Chartered Institute of Personnel Management, London; 2007.
23. Pool I, Poell R, Cate OT, Nurses' and managers' perceptions of continuing professional development for older and younger nurses: A focus group study, *International Journal of Nursing Studies* 2013; 50 (34-43).
24. PPNI. Standard Keperawatan Indonesia, unpublished (Indonesia Nursing Standard); 2012.
25. RCN. Joint Statement of Continuing Professional Development for Health and Social Care Practitioners, Royal College of Nursing, London ;2007,
26. Stewart DW, Shamdasani PN, Rook DW. Focus Groups: Theory and Practice, 2nd ed. SAGE Publications, Thousand Oaks; 2007.